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Notice of Independent Review Decision

DATE OF REVIEW:
03/13/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Physical therapy of the left wrist and shoulder three times a week for two weeks (97010).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management.

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.
The requested physical therapy of the left wrist and shoulder three times a week for two weeks (97010) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
- MCMC: Case Report dated 02/25/08
- MCMC Referral dated 02/25/08
- DWC: Notice To MCMC, LLC Of Case Assignment dated 02/25/08
- DWC: Notice To Utilization Review Agent of Assignment dated 02/25/08
- DWC: Confirmation Of Receipt Of A Request For A Review dated 02/22/08
- LHL009: Request For A Review By An Independent Review Organization dated 02/20/08
- Letter dated 02/19/08, DO
- Letter dated 02/08/08, M.D.
- M.D.: Office note dated 01/30/08
- Rehabilitation Medicine & Pain Clinic: Handwritten Information sheet dated 01/30/08
- DPT: Referral form dated 01/10/08
- Rehabilitation undated referral (handwritten)
- NOTE: Carrier did not supply ODG guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:
The injured individual is a xx year old female with date of injury xx/xx/xx. The injured individual had physical therapy (PT) for an undisclosed amount of time at one facility and the attending provider (AP) writes that she claims she was not supervised, which is difficult to prove as the PT must document notes, range of motion (ROM) testing, etc to support their therapy. The injured individual

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claims this did not help. The AP performed an acromioclavicular (AC) injection and is requesting PT consisting of modalities and home exercise program (HEP) training.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

This injured individual had PT to her affected areas (amount not listed) but it made her worse. The Official Disability Guidelines (ODG) allow up to nine to ten visits for both of her diagnoses. In light of no indication of response to PT thus far, continuation of a failed treatment is not warranted. Also, the AP's note requests modalities which are often considered unproven and of no efficacy per ODG.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines 2007 for shoulder: ODG Physical Therapy Guidelines –
Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.
Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12):
Medical treatment: 10 visits over 8 weeks
Post-injection treatment: 1-2 visits over 1 week
Post-surgical treatment, arthroscopic: 24 visits over 14 weeks
Post-surgical treatment, open: 30 visits over 18 weeks
Complete rupture of rotator cuff (ICD9 727.61; 727.6)
Post-surgical treatment: 40 visits over 16 weeks
Adhesive capsulitis (IC9 726.0):
Medical treatment: 16 visits over 8 weeks
Post-surgical treatment: 24 visits over 14 weeks
Dislocation of shoulder (ICD9 831):
Medical treatment: 12 visits over 12 weeks
Post-surgical treatment (Bankart): 24 visits over 14 weeks
Acromioclavicular joint dislocation (ICD9 831.04):
AC separation, type III+: 8 visits over 8 weeks
Sprained shoulder; rotator cuff (ICD9 840; 840.4):
Medical treatment: 10 visits over 8 weeks
Post-surgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks
Arthritis (Osteoarthrosis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9)
Medical treatment: 9 visits over 8 weeks
Post-injection treatment: 1-2 visits over 1 week
Post-surgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks
Brachial plexus lesions (Thoracic outlet syndrome) (ICD9 353.0):
Medical treatment: 14 visits over 6 weeks
Post-surgical treatment: 20 visits over 10 weeks
Fracture of clavicle (ICD9 810):
8 visits over 10 weeks

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Fracture of humerus (ICD9 812):
Medical treatment: 18 visits over 12 weeks
Post-surgical treatment: 24 visits over 14 weeks
Work conditioning (See also Procedure Summary entry):
10 visits over 8 weeks
ODG for wrist: ODG Physical/Occupational Therapy Guidelines –
Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface.
Fracture of carpal bone (wrist) (ICD9 814):
Medical treatment: 8 visits over 10 weeks
Post-surgical treatment: 16 visits over 10 weeks
Fracture of metacarpal bone (hand) (ICD9 815):
Medical treatment: 9 visits over 3 weeks
Post-surgical treatment: 16 visits over 10 weeks
Fracture of one or more phalanges of hand (fingers) (ICD9 816):
Minor, 8 visits over 5 weeks
Post-surgical treatment: Complicated, 16 visits over 10 weeks
Fracture of radius/ulna (forearm) (ICD9 813):
Post-surgical treatment: 16 visits over 8 weeks
Dislocation of wrist (ICD9 833):
Medical treatment: 9 visits over 8 weeks
Post-surgical treatment (TFCC reconstruction): 16 visits over 10 weeks
Dislocation of finger (ICD9 834):
9 visits over 8 weeks
Post-surgical treatment: 16 visits over 10 weeks
Trigger finger (ICD9 727.03):
Post-surgical treatment: 9 visits over 8 weeks
Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04):
Medical treatment: 12 visits over 8 weeks
Post-surgical treatment: 14 visits over 12 weeks
Synovitis and tenosynovitis (ICD9 727.0):
Medical treatment: 9 visits over 8 weeks
Post-surgical treatment: 14 visits over 12 weeks
Mallet finger (ICD9 736.1)
16 visits over 8 weeks
Contracture of palmar fascia (Dupuytren's) (ICD9 728.6):
Post-surgical treatment: 12 visits over 8 weeks
Ganglion and cyst of synovium, tendon, and bursa (ICD9 727.4):
Post-surgical treatment: 18 visits over 6 weeks
Ulnar nerve entrapment/Cubital tunnel syndrome (ICD9 354.2):
Medical treatment: 14 visits over 6 weeks
Post-surgical treatment: 20 visits over 10 weeks
Sprains and strains of wrist and hand (ICD9 842):

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9 visits over 8 weeks
Open wound of finger or hand (ICD9 883):
9 visits over 8 weeks. See also Early mobilization (for tendon injuries).
Pain in joint (ICD9 719.4):
9 visits over 8 weeks
Arthropathy, unspecified (ICD9 716.9):
Post-surgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks
Amputation of thumb; finger (ICD9 885; 886):
Post-replantation surgery: 36 visits over 12 weeks
Amputation of hand (ICD9 887):
Post-replantation surgery: 48 visits over 26 weeks
Work conditioning (See also Procedure Summary entry):
12 visits over 8 weeks